Attorney Docket No. RCK-62

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE 0/ 574 122

In re application of: Axel Bouchon, et al.

Serial No.: [to be assigned] - National Stage Filing of PCT/EP2004/010606

Title: Tetrahydro-Naphthalene and Urea Derivatives

MAIL STOP PCT COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

# TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT WITHIN THREE MONTHS OF DATE OF NATIONAL STAGE ENTRY 37 C.F.R. 1.97(b)(2)

Dear Sir:

Applicants wish to cite for the record in the above-identified application the references shown on the accompanying form(s) PTO/SB/08A-B (substitute for form '1449/PTO]. A copy of the International Search Report is also enclosed for your reference.

### IDENTIFICATION OF TIME OF FILING THE ACCOMPANYING INFORMATION DISCLOSURE STATEMENT

The information disclosure statement transmitted herewith is being filed concurrently with the request under 35 U.S.C. § 371(f) to begin national examination procedures.

#### FEE PAYMENT

Applicants believe that no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fees that may have been overlooked but that are required to Deposit Account 13-3372. Additionally, please credit any overpayment to the same account.

Respectfully submitted.

William F. Gray Reg. No.: 31,018

Attorney for Applicant(s)

Bayer Pharmaceuticals Corporation 400 Morgan Lane

West Haven, CT 06516 Telephone: (203) 812-6450 Facsimile: (203) 812-6459

### IAP5 Rec'd PCT/PTO 3 1 MAR 2006

RCK-62

10/02/2008

Considered

PTO/SB/08A (07-05)

Approved for use through 07/31/2006. OMB 06\$1-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valied OMB control number.

Attorney Docket Number

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a well-off ONE control number.

Substitute for form 1449PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (the as many sheets as necessary)

(the as many sheets as necessary)

Control of the statement of the statement

Sheet

Examiner	Cite	Document Number	Publication Date	DOCUMENTS  Name of Patentee or Pages, Columns, Lines, Whe		
Initials*	Cite No.1	Number-Kind Code <sup>2 (Flavore)</sup>	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	_	US-				
	_	US-				
	_	US-				
		US-				
		US-				
		US-	1			
		US-				
		US-				
		US-			<u> </u>	
	_	US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
	_	US-				

Examiner	011-	FORE	IGN PATENT DOCU			_
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	
	110.	Country Code <sup>3</sup> "Number <sup>4</sup> " Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			T
	F1	WO 2004/052845 A1	06/24/2004	Bayer HealthCare AG		Г
	F2	WO 03/022809 A2	03/20/2003	SmithKline Beecham P	L.C.	Г
	F3	WO 03/068749 A1	08/21/2003	Glaxo Group Limited		Г
	F4	WO 03/014064 A1	02/20/2003	Bayer Aktiengesellschaf	ft	
	F5	WO 02/08221 A2	01/31/2002	Neurogen Corporation		Г
						П

"EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered include copy of this form with next communication to applicant. \*Applicant's unique citation designation number (options). \*See Kinst Codes of USPTO Petert Documents at your younged, good or MEPP 90 to 0.1 \*Einer Clinica that issued the document, by the violent code (WPD) Standard \$7.3.\* For Applicant's patient document, his included concerned. \*With of obscinations of the Emproyer must proceed the senial number of the patient document. \*Wind of document is well applicant is not place on endow must provide a procedure or one of the document under WIPP Gallandard \$7.4 if years you specifically explored as in challend or the document under WIPP Gallandard \$7.4 if years you specifically explored as in challend or endow must provide any specifically explored as in challend or endow must provide any specifically explored as in challend or endowed any specifically explored as in challend or endowed must provide any specifically explored as included or endowed must provide any specifically explored as in challend or endowed must provide any specifically explored as in challend or endowed must provide any specifically explored as in challend or endowed must provide any specifically explored as in challend any specifically explored as in challend any specifically explored as in challend and the specifical explored as in the t

This collicition of information is required by 37 CFR 1,97 and 1.98. The information is required to optain or retain a benefit by the public which is 16 file and by USFTO o process) an application. Confidentially is governed by SS U.S.C. 129 and 37 CFR 1.14. This collicion is estimated to take 2 has to file on the ten including gathering, preparing, and submitting the completed application from to the USFTO. Time will vary depending upon the individual confidence on the amount of time you require to complete his form and/or suppetions for producing the bardon, should be sent to be Chef information Officer, U.S. Petent and Trademark Office, P.O. Box 1450, Alexandria, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

/Erich Leeser/

### IAP5 Rec'd PCT/PTO 3 1 MAR 2006

PTO/SB/08B (07-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				re required to respond to a collection of information unless it contains a valid OMB control number  Complete if Known		
Cubuma				Application Number	[to be assigned] 1 674122	
INFO	DRMATION	I DIS	CLOSURE	Filing Date		
STA	STATEMENT BY APPLICANT			First Named Inventor	Axel Bouchon	
	(Use as many sh			Art Unit		
	(Use as many sne	eets as n	ecessary)	Examiner Name		
Sheet	2	of	2	Attorney Docket Number	RCK-62	

Examiner Initials*	Cite Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate) the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volum number(s), publisher, city and/or country where publishers				
R1		Patent Abstract of Japan, Vol. 2003, No. 11, 5 November 2003 (2003-11-05) & JP 2003 192673 A (Bayer AG)			
		-			
-					

Examiner Signature	/Erich Leeser/	Date Considered	10/02/2008

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

confisioned. Ricides dopy of this soft with med confirmation to application to place a check mark how? English Interprays Translation is statistically assistant to place a check mark how? English Interprays Translation is statistically the place of the

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.